Signature of Local Agency Representative

REQUEST FOR EXCEPTION TO STIP STATE-ONLY FUNDING POLICY (REQUEST FOR STATE-ONLY FUNDS)

Local Agency Letterhead

	To: Caltrans Dis	strict Office – Programming Liaison	Date:	
	Subject: Request for Exception to STIP State-Only Funding Policy			
	The City/County of (local agency name) hereby requests an exception to the STIP Project Funding Policy. State-only funds are requested for the following project:			
PROJECT DESCRIPTION (specifically describe what work is being accomplished, include PPNO)				
	JUSTIFICATION:			
	A. Type of Work			
	B. Need for Pr	B. Need for Project/Proposed Improvements		
		C. Status of Project		
	1.	1. Beginning and Ending Dates of the Project		
	2.	Environmental Clearance Status		
	3.	R/W Clearance Status (if currently R/W certified as #3, when will the ce	rtification be upgraded to a #1	
		or #2?)		
	4.	Status of Construction		
		a) Proposed Advertising Date		
		b) Proposed Contract and Construction Award Dates		
	D. Total Project Funding Plan by Fiscal Year (list all funding sources & anticipated fund usage by year – include all			
	phases)	phases)		
	E. State specif	E. State specific reasons for requesting State-Only fund and why Federal funds should not be used on the project.		
	F. Allocation (if requesting allocation concurrent with exception request)			
	1.	Amount of Allocation Request		
	2.	Is this a partial allocation request?YesNo		
	3.	If this is a partial allocation, what will be the total cost of the project	t? When will the additional	
		allocation be needed?		
	4.	Is the project identified as State-Only in the adopted programming docum	nent? _Yes _No	
REGIONAL AGENCY CONCURRENCE (Name of Regional Agency) concurs with this request for an exception to the Project Funding Policy.				
	(Signature of Regional Agency Representative)			